

State of Hawaii  
Department of Health  
Adult Mental Health Division  
Hawaii State Hospital

## **Request for Proposals**

### **RFP Number HTH 430-2 Clinical Laboratory Services for Hawaii State Hospital**

July 15, 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

July 15, 2005

**REQUEST FOR PROPOSALS**

**CLINICAL LABORATORY SERVICES  
RFP No. HTH 430-2**

The Department of Health, Adult Mental Health Division, Hawaii State Hospital, is requesting proposals from qualified applicants to provide clinical laboratory services for seriously mentally ill adults. The contract term will be from December 1, 2005 through November 30, 2006.

Proposals shall be mailed and postmarked by the United State Postal Service on or before September 2, 2005, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on September 2, 2005, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Hawaii State Hospital will conduct an orientation on July 20, 2005 from 10:00 a.m. to 11:00 a.m. HST, at the Clinical Director's Conference Room, Building A, 45-710 Kea'ahala Road, Kaneohe, Hawaii 96744. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on July 22, 2005. All written questions will receive a written response from the State by July 29, 2005.

Inquiries regarding this RFP should be directed to the RFP contact person, Mr. William T. Elliott, at 45-710 Kea'ahala Road, Kaneohe, Hawaii 96744, telephone: (808) 236-8275, fax: (808) 247-7335, e-mail: wtelliott@hsh.health.state.hi.us.

# PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**ONE ORIGINAL AND FIVE COPIES OF THE PROPOSAL ARE REQUIRED**

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)  
NO LATER THAN  
September 2, 2005**

**All Mail-ins**

Hawaii State Hospital  
Business Office  
45-710 Keaahala Road  
Kaneohe, Hawaii 96744

**HSH RFP COORDINATOR**

Elnora B. Guieb  
For further info. or inquiries  
Phone: (808) 236-8230  
Fax: (808) 236-8632

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:30 P.M., Hawaii  
Standard Time (HST) September 2, 2005.**

**Drop-off Site**

Hawaii State Hospital  
Business Office  
45-710 Keaahala Road  
Kaneohe, Hawaii 96744

**BE ADVISED:** All mail-ins postmarked by USPS after **September 2, 2005**, will be rejected.  
Hand deliveries will **not** be accepted after **4:30 p.m., HST, September 2, 2005**.  
Deliveries by private mail services such as FEDEX shall be considered hand  
deliveries and will not be accepted if received after **4:30 p.m., HST,  
September 2, 2005**.

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### II. RFP Organization

This RFP is organized into five sections:

***Section 1, Administrative Overview***--Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications***--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

***Section 3, Proposal Application Instructions***--Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation***--Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*** --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

**Health/Adult Mental Health Division/Hawaii State Hospital**

Department of  
**William T. Elliott**

**45-710 Keaahala Road, Kaneohe, Hawaii 96744**

Phone (808) **236-8275** Fax: (808) **247-7335**

**IV. Procurement Timetable**

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

Activity	Scheduled Date
Public notice announcing RFP	7/15/05
Distribution of RFP	7/15/05- 9/02/05
RFP orientation session	7/20/05
Closing date for submission of written questions for written responses	7/22/05
State purchasing agency's response to applicants' written questions	7/25/05- 7/29/05
Discussions with applicant prior to proposal submittal deadline (optional)	-
Proposal submittal deadline	9/02/05
Discussions with applicant after proposal submittal deadline (optional)	-
Final revised proposals (optional)	-
Proposal evaluation period	9/08/05- 9/22/05
Provider selection	9/23/05
Notice of statement of findings and decision	9/26/05- 9/30/05
Contract start date	12/01/05

**V. Orientation**

An orientation for applicants in reference to the request for proposals will be held as follows:

**Date:** July 20, 2005 **Time:** 10:00 am – 11:00 am

**Location:** Clinical Director's Conference Room, Building A  
45-710 Kea'ahala Road, Kaneohe, Hawaii 96744

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the



orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

## VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** July 22, 2005 **Time:** 4:30 pm HST

State agency responses to applicant written questions will be provided by:

**Date:** July 25 – 29, 2005

## VII. Submission of Proposals

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant

is unsure as to their registration status, they may check the State Procurement Office website at:  
<http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.

- 6. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at [www.hawaii.gov/tax/tax.html](http://www.hawaii.gov/tax/tax.html).

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.
- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section

103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: [http://www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-0055.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm)

- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

**Note that price is not considered confidential and will not be withheld.**

## **VIII. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **IX. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **X. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XI. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XII. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XIII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

## **XIV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XVI. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP). Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome L. Fukino, M.D.	Name: Ann H. Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378 Honolulu, HI 96801	Mailing Address: P.O. Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl St. Honolulu, HI 96813	Business Address: 1250 Punchbowl St. Honolulu, HI 96813

## **XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

The clinical laboratory services contract shall be for one (1) year and may be extended for five (5) additional twelve (12) month periods up to a maximum of six (6) years at the same unit price per test.

## **XX. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

**XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# **Section 2**

## **Service Specifications**



## Section 2

### Service Specifications

#### I. Introduction

##### A. Overview, purpose or need

Hawaii State Hospital (HSH) is a 178-bed mental hospital operated under the jurisdiction of the Department of Health (DOH). HSH serves only adult mentally ill and/or dually diagnosed patients (i.e. medical, substance abuse, and developmental disabilities, etc.). Almost all patients are committed by either Civil or Penal Code commitment, the latter being in the majority. There are seven (7) treatment units, one of which is an admission/acute unit. Additionally, there is an inpatient Treatment Mall, with a medication room, operated during weekdays, Monday through Friday. There are no partial hospitalization, day treatment, or outpatient services. HSH does not provide any off-site services. The majority of patients are in need of some type of drug therapy and substance abuse treatment.

A wide range of diversified medical laboratory services is required by HSH to ensure optimal safe and effective medical treatments of HSH patients, to assure compliance with all State and Federal laws, rules and regulations, and to assist HSH in meeting accreditation standards.

The laboratory provides objective data to help physicians diagnose, treat, and monitor medical and psychiatric parameters in the treatment of the mentally ill.

##### B. Description of the goals of the service

To provide quality laboratory services and management to optimize the therapeutic environment of HSH by reducing the impact of physical diseases on mental health, and to optimize the working environment of the hospital by promoting employee health and controlling occupational disease.

To provide channels of communication between the medical laboratory services, HSH departments and outside services for the efficient and regular transfer of information, testing, and patient results.

To establish and maintain standards of optimal delivery and outcomes for the patients at HSH.

To provide accurate and timely laboratory services as requested on a Monday

through Friday schedule, as well as emergency twenty-four (24) hour coverage, including weekends and holidays as support to an on-call, stand by HSH Medical Technologist, and Medical Laboratory Technicians.

**C. Description of the target population to be served**

Adult mentally-ill patients at the Hawaii State Hospital.

**D. Geographic coverage of service**

The prospective Contractor will provide and manage clinical laboratory services referred out by the HSH laboratory at location sites designated by the Contractor in Section III. Scope of Work.

**E. Probable funding amounts, source, and period of availability**

There is high probability for continued funding throughout the contracted period. HSH will make final determination as to the specific amount of the award. The source of funding is general funds.

The Contractor shall bill for laboratory services of HSH patients who are covered by Medicaid or third-party payer and those patients who are serviced upon discharge. Revenue collected shall be applied and credited to HSH monthly charges.

## **II. General Requirements**

**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found in the POS Manual.

Services shall be performed in a laboratory currently certified and licensed by Medicare. The laboratory shall also be currently certified and licensed by the College of American Pathologists (CAP) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The laboratory shall, at all times, be under the direct personal supervision of a laboratory director currently licensed by the State of Hawaii. Laboratory services shall be performed by licensed medical technologists and/or by laboratory technicians performing under the direct supervision of licensed personnel.

The applicant shall provide in the Proposal Form the following information relative to certification and accreditation:

1. Medicare Identification Number
2. Clinical Laboratory Improvement Amendments (CLIA) Identification Number
3. License Number and names of accreditation agencies along with copies of such accreditation/licenses
4. Name of Laboratory Director and State of Hawaii License Number

At the time of proposal submittal, the applicant is not required to have an office located on the island of Oahu. However, at the time of proposal submittal, applicant must meet all required qualifications and must have employees who meet all required qualifications and who are available to provide services specified herein at the contract start date of December 1, 2005.

**B. Secondary purchaser participation**  
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None

**C. Multiple or alternate proposals**  
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

**D. Single or multiple contracts to be awarded**  
(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

**E. Single or multi-term contracts to be awarded**  
(Refer to §3-149-302, HAR)

☒ Single term ( $\leq$  2 yrs) ☐ Multi-term ( $>$  2 yrs.)

Contract terms:

Initial term of contract: 1 year

Length of each extension: 12 months

Number of possible extensions: 5

Maximum length of contract: 6 years

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extensions: Mutual agreement must be made in writing 60 days prior to expiration of the existing contract and the execution of a supplemental agreement.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

**Mr. William Elliott  
Hawaii State Hospital  
45-710 Kea'ahala Road  
Kaneohe, Hawaii 96744  
(808) 236-8275**

**III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

The Contractor shall provide clinical laboratory services referred by the Hawaii State Hospital Laboratory for a twelve month period beginning December 1, 2005. Testing locations (where the testing is done) shall be provided. When test location, methodology, or specimen requirements change, notification shall be provided.

**Clinical Laboratory Services:**

1. The Contractor shall make recommendations for improving the quality of life of HSH patients by providing quality clinical laboratory services of referred tests. The recommendations shall include tests on the monitoring of drug therapies and effects.
2. The Contractor shall provide training for therapeutic or drug testing specimen collection procedures.
3. The Contractor shall cooperate with the HSH laboratory in approved training for test methodologies or requirements as necessary or when requested.
4. The Contractor shall provide correlation studies at no additional cost.
5. The Contractor shall provide services at a discounted price for unforeseen test requests.

**Emergency Services:**

The Contractor shall provide emergency services twenty four (24) hours a day, seven (7) days a week. Services shall be provided as necessary when notified by authorized HSH laboratory personnel. The Contractor shall make arrangements with a hospital to provide laboratory testing for STAT emergency services when determined by the officer-of-the-day or administrator of the day. The turn around time for STAT emergency tests shall be based on hospital emergency room criteria. Notification of test results for STAT services shall be provided via telephone within two (2) hours of receipt of specimen. The Contractor shall provide emergency or STAT services as requested, at no additional cost.

#### **Pickups and Deliveries:**

1. Two (2) daily pickups and delivery services shall be provided in the morning and afternoon, except on weekends and State and Federal holidays. Other pickup and delivery services shall be provided as necessary upon notification by authorized HSH laboratory personnel.
2. The Contractor shall provide, at no additional cost, transportation, including pick up and delivery of specimens and supplies.

#### **Re-execution of services:**

If, in the opinion of the attending physician or his duly authorized representative, when any original test result does not correlate with the patient's clinical condition and therefore is unacceptable, the Contractor shall perform, at no additional cost to the State, repeat test(s) conforming to the requirements herein to be completed within the given turn around time.

#### **Reports:**

1. Services shall include delivery of completed hard copy laboratory test results provided within the specified turn around times per test. The reports are to include one chart copy and two additional copies.
2. Reports phoned to HSH shall be appropriately documented on completed reports.

#### **Supplies and Equipment:**

The Contractor shall provide, at no additional cost, supplies as required per individual tests, including but not limited to the following: containers for tissue studies with appropriate preservative solution, serum vials with screw caps, slides with holders and fixatives for cytology, specimen collecting tubes with and without additives, transport and blood culture media, urine

containers with screw caps, twenty four (24) hour urine containers with and without preservatives, screw cap stool collection containers with and without preservative solution, specimen labels, transport bags and requisition forms.

## **B. Management Requirements (Minimum and/or mandatory requirements)**

### **1. Personnel**

At the time of the proposal submittal and throughout the contract period, the Contractor or Contractor's personnel performing the services specified herein shall throughout the contract period, maintain current licenses as described in Section 2,II.A.

The Contractor shall provide and maintain sufficient personnel to assure adequate and uninterrupted referral laboratory services and products to HSH.

The Contractor shall have twenty four (24) hours a day, seven (7) days a week referral laboratory services available to the HSH laboratory personnel, including an on-call, stand-by laboratory technologist.

The Contractor shall have local management staff and a business representative who directly reports to HSH Laboratory Services Unit and shall resolve conflicts and concerns relating to services and billings.

The Contractor shall provide an account representative for clinical, technical, and consultative assistance.

### **2. Administrative**

- a) Hawaii General Excise Tax License. Applicant shall submit his current Hawaii General Excise Tax I.D. number in the space provided on the Proposal Form.
- b) Tax Liability. Services to be performed under this RFP are a business activity taxable under Chapter 237 Hawaii Revised Statutes (HRS) and Chapter 238 HRS as applicable. Both out-of-state vendors and Hawaii vendors are advised that the gross receipts derived from this proposal are subject to the 4% general excise tax and ½% user tax where applicable.
- c) Insurance. Applicant shall provide the following insurance coverage information as requested on the Proposal Form
  - Professional Liability Insurance
  - Comprehensive General Liability Insurance
  - Automobile Liability Insurance

A copy of the insurance certificate shall be provided on or before thirty (30) days after notice of award.

- d) **References.** Applicant shall provide on the Proposal Form at least two hospitals and two established clinical institutions in the State of Hawaii to where clinical laboratory services similar to those requested herein, have been provided or currently being provided. The purchasing agency reserves the right to contact the references listed to inquire about the services provided by the applicant.
- e) **Wage Certificate.** Applicant shall complete and submit the Wage Certificate by which applicant certifies that the services required will be performed pursuant to Section 103-55 (HRS).
- f) **Turn Around Time.** Turn around time (expressed in hours) is the time allowed for completion of each given test(s). The Contractor or duly authorized representative if needed shall contact the authorized HSH laboratory personnel to request additional time and at the discretion of the attending physician or his duly authorized representative the extension may be given.

The Contractor shall fax reports to HSH on a daily basis at 0600 and 1000. The Contractor shall be responsible for activation costs of the current fax line at HSH during the term of the contract. All costs associated with the fax machine shall be the responsibility of the Contractor.

- g) The Contractor shall link with HSH database for transmittal of laboratory requisitions and reports. All costs associated with any database link shall be the responsibility of the Contractor.

Failure to comply with the above provisions shall result in the assessment of liquidated damages.

### **3. Quality assurance and evaluation specifications**

The Contractor shall submit a copy of their Quality Management Plan and any non-confidential documentation that demonstrates its organizational commitment to process improvement.

The Contractor shall provide a mechanism for receiving, documenting and responding to consumer grievances.

The Contractor shall meet the College of American Pathologists (CAP), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), State licensure and Federal standards.

#### 4. Output and performance/outcome measurements

The Contractor shall provide as requested, documentation relating to event reports of errors or incidents. The Contractor shall work with the HSH Laboratory staff to insure that errors or incidents are minimized.

#### 5. Experience

The Contractor shall demonstrate past experience relating to the delivery of the proposed services including, but not limited to previous and current contract performance with HSH Laboratory and other laboratories.

#### 6. Coordination of services

The Contractor shall demonstrate capability to coordinate services with the Laboratory Services Unit staff, as well as other appropriate staff within the Hawaii State Hospital.

#### 7. Reporting requirements for program and fiscal data

The Contractor shall provide a publication of specimen and preservation requirements and methodology. The Contractor shall provide notification of changes and updates.

The Contractor shall provide on a timely manner (no longer than 30 days after the end of each month) a monthly billing invoice in triplicate. The invoice shall be accurate and correct. If errors occur, the invoice will be returned for correction.

Payments shall be made based on the actual number of tests performed at the unit price per test. For this purpose a quarterly Purchase Order shall be issued.

#### 8. Pricing structure or pricing methodology to be used

Proposals are requested for the following tests:

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
170H PROGESTRONE		24	3		
ACTH		24	1		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.



Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
AFP, TUMOR MARKER		24	10		
ALBUMIN		24	3		
ALDOSTERONE, SERUM		24	2		
ALK PHOS		24	3		
ALPHA 1 ANTITRYPSIN		24	5		
ALT		24	7		
AMMONIA		24	50		
AMP, UR SCREEN		24	1		
AMP, UR CONFM		24	11		
AMYLASE		24	9		
ANTI-NUCLEAR		24	10		
AST(SGOT)		24	7		
BARBITURATES,UR CONF		24	11		
BARBITURATES,UR SCR		24	31		
BENZO, SER CONFM		24	1		
BENZO, Ur CONFM		24	64		
BETA STREP SCREEN		24	21		
BILIRUBIN(DIRECT)		24	9		
BILIRUBIN(TOTAL)		24	3		
BLD CHROMOSOME ANAL		72	1		
BUN		24	101		
C.difficile TOXIN A/B		24	6		
C4		24	1		
CALCIUM		24	71		
CANNABINOID UR SCR		24	1		
CANNABINOIDS Ur CONFM		24	7		
CARBAMEZEPINE/TEGRETOL		24	32		
CBC		24	14		
CBC W/Abs NEUTROPHILS		24	107		
CEA		72	1		
CERULOPLASMIN		72	4		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
CHLORIDE		24	1		
CK(CPK)		24	6		
CLOZARIL		72	155		
CO2		24	66		
COMPLETE METABOLIC PROFILE		24	422		
CORTISOL		24	1		
CORTISOL, RANDOM		24	1		
CORTISOL, URINE FREE		24	1		
CREATININE		24	101		
CREATININE CLEARANCE		24	2		
C-REACTIVE PROTEIN		24	1		
CYST(cytology)		48	1		
DHEA		24	2		
DHEA SULFATE		24	2		
DIGOXIN		24	4		
DILANTIN		24	2		
DILANTIN, RANDOM		24	5		
DRUG SCREEN 5-HSH		24	30		
EBV Ab PANEL		24	1		
ELECTROLYTES		24	145		
FECAL FAT, QUANT		24	2		
FERRITIN		24	16		
FLUPHENZINE		48	2		
FOLATE ( serum)		48	8		
FOLATE, RBC		48	3		
FREE T4		24	52		
FSH		24	7		
FUNGUS CULT, OTHER		72	2		
FUNGUS CULTURE, MISC.		72	1		
GENITAL CULTURE (AERO)		24	1		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
GLU TOL OB 3 HR		24	1		
GLU.1 HR. PP. 50g		24	1		
GLUCOSE		24	97		
GRAM SMEAR		24	2		
H AND H		24	1		
H. PYLORI IgG AB		24	1		
HALOPERIDOL		72	1		
HBSag, HBSab, HBCabT		24	157		
HCV GENOTYPING		72	7		
HEAVY METALS-PB, HG, AR		24	1		
HEP A AB IGM		24	1		
HEP A AB, TOTAL		24	27		
HEP B CORE Ab TOTAL		24	10		
HEP B PANEL		24	25		
HEP B SURFACE Ab		24	81		
HEP B SURFACE Ag		24	47		
HEP B VIRUS DNA QUANT PCR		72	1		
HEP C ANTIBODY		24	224		
HEP C RNA RT PCR Quant		72	11		
HEPATIC FUNCTION PANEL		24	254		
HgbA1C		24	86		
HIV 1 RNA,PCR QUANT		72	8		
HIV TYPES 1/2 AB		24	10		
HPV HIGH RISK DNA		72	3		
INFECT MONO TEST		24	1		
INFLUENZA A/B ANTIGENS		24	6		
INSULIN LEVEL		48	1		
IONIZED CALCIUM		48	2		
IRON PROFILE		24	24		
LACTIC ACID		24	1		
LD(LDH)		24	9		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
LH		48	1		
LIPASE		24	5		
LIPID PROFILE		24	444		
LITHIUM		24	122		
LSD, UR QUALITATIVE		24	1		
LYMPH SUBSET PANEL 3		72	11		
METANEPHRINES, UR RANDOM		24	1		
MISCELLANEOUS CULTURE		48	3		
MUMPS AB, IgG		24	1		
OLANZAPINE		48	1		
OPIATES, UR CONFM		24	3		
OVA and PARASITE		24	8		
PHENCYCLIDINE,UR SCR		24	31		
PHOSPHORUS		24	1		
PLATELET		24	1		
POC CHROMOSOME ANAL		72	1		
PORPHOBILINOGEN,UR QUANT		24	1		
POTASSIUM		24	2		
PRE ALBUMIN		24	4		
PROGESTERONE LEVEL		24	1		
PROLACTIN		48	15		
PROTEIN ELP, URINE		48	1		
PROTEIN URINE TIMED		24	3		
PROTIME		24	59		
PSA(PROSTATE SPECIFIC Ag)		48	78		
PSA, PARALLEL		48	6		
PT/PTT		24	19		
PTT		24	3		
RA FACTOR,QUANT		24	4		
RENAL PROFILE		24	1		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
RENIN PLASMA ACTIVITY		48	1		
RISPERIDONE		72	1		
RUBELLA IgG AB		24	2		
SERUM PROTEIN ELP		48	2		
SPUTUM CULTURE		48	28		
STOOL CULTURE		48	12		
T3 UPTAKE		24	1		
T3, TOTAL		24	1		
T3U.T4,FT1		24	2		
TESTOSTERONE, FREE		24	2		
TESTOSTERONE, TOTAL		24	5		
THEOPHYLLINE		24	2		
THROAT CULTURE		24	2		
THYROID BINDING GLOBULIN		24	1		
TOTAL PROTEIN		24	3		
TRANSFERRIN		24	1		
TROPONIN 1		24	1		
TSH RFT4		24	383		
UA		24	5		
Ur MICROALBUMIN		24	42		
URIC ACID		24	7		
URINE CULTURE		48	61		
URINE CYTOLOGY		24	1		
VIT B12		72	8		
VPA		24	353		
WOUND, CULTURE, AERO		72	3		
WRIGHT'S STAIN		24	4		
YEAST CULTURE		72	1		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.

Unforeseen test requests not listed above shall be billed at a discounted price.

The winning proposal shall be the most cost conscious and effective price per test for each line item. Service delivery and turn around time shall also be considered.

The Proposed Unit Price per test shall include all labor, required supplies, applicable taxes, transportation charges (including pick-up and delivery) and any other costs necessary to perform the services specified herein.

**9. Units of service and unit rate**

Refer to Number 8.

**IV. Facilities**

Not applicable to this RFP.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

#### **I. Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.



## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

### **B. Experience**

The applicant shall provide a listing of verifiable experience with projects or contracts for the most recent five (5) years that are pertinent to the proposed services.

The applicant shall include points of contact, addresses, e-mail, and phone numbers. The State reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with the appropriate staff within the Hawaii State Hospital.

### **E. Facilities**

Not applicable to this RFP.

## **III. Project Organization and Staffing**

### **A. Staffing**

#### **1. Proposed Staffing**

The applicant shall describe the proposed staffing relative to the personnel requirements described in Section 2.III.B.1. (Refer to the personnel requirements in the Service Specifications, as applicable.)

#### **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

## **B. Project Organization**

### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Proof of competencies of staff shall be maintained in accordance with CAP, JCAHO, State and Federal standards.

Additional training required for site specific HSH functioning in conformance with JCAHO, CMS, and DOH standards shall be provided by HSH without any additional payment for the attendee's time.

### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency.) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

## **IV. Service Delivery**

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

## **V. Financial**

### **A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

1. Cost proposal (unit price) per test in this RFP as listed on the "Scope of Work", Section 2.III.B.6 (page 2-8), may be submitted for the cost proposal section.
2. To review the cost proposal the applicant shall submit with the Proposal Application the following budget forms:
  - SPO-H-205
  - SPO-H-206A
  - SPO-H- 206B
  - SPO-H-206C\*

- SPO-H-206D\*
- SPO-H-206E\*
- SPO-H-206F\*
- SPO-H-206G\*
- SPO-H-206H\*
- SPO-H-206I\*
- SPO-H-206J\*

\*These forms are to be submitted only if cost items are included in the proposed budget (Example: if you include Inter-Island Travel as a budgeted item, submit Form SPO-H-206C)

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address).

## **B. Other Financial Related Materials**

### **1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a) The applicant shall submit a cost allocation plan showing how cost is allocated across different funding sources.
- b) Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.

## **VI. Other**

### **A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

## **Section 4**

# **Proposal Evaluation**

## Section 4

### Proposal Evaluation

#### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

#### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### *Administrative Requirements*

##### *Proposal Application*

**100 Points**

Program Overview	0 points
Experience and Capability	25 points
Project Organization and Staffing	10 points
Service Delivery	35 points
Financial	30 Points

##### **TOTAL POSSIBLE POINTS**

**100 Points**

#### III. Evaluation Criteria

##### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

- Application Checklist

- Registration (If not pre-registered with the State Procurement Office)
- Wage Certificate
- Proposal Forms

## **2. Proposal Application Requirements**

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

### **B. Phase 2 - Evaluation of Proposal Application (100 Points)**

***Program Overview:*** No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

#### **1. Experience and Capability (25 Points)**

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

##### **A. Necessary Skills**

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

##### **B. Experience**

- Demonstrated past experience relating to the delivery of the proposed services including, but not limited to previous and current contract performance with HSH Laboratory and other laboratories

##### **C. Quality Assurance and Evaluation**

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

**D. Coordination of Services**

- Demonstrated capability to coordinate services with appropriate staff at Hawaii State Hospital.

**E. Facilities**

- Not applicable to this RFP.

**2. Project Organization and Staffing (10 Points)**

The State will evaluate the applicant's overall staffing approach to the service that shall include:

**A. Staffing**

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

**B. Project Organization**

- **Supervision and Training**: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- **Organization Chart**: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

**3. Service Delivery (35 Points)**

*Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.*

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

- The development of referral service systems if the provider cannot provide a requested service
- Where applicable, contractor shall provide twenty-four (24) hour per day coverage of referred services.

**4. *Financial* (30 Points)**

Pricing structure based on Unit Price per test:

- Test costs are reasonable and competitive.
- Non-personnel costs are reasonable and adequately justified.
- The extent the budget supports the scope of service and requirements of the Request for Proposal.
- Adequacy of accounting system.

**C. Phase 3 - Recommendation for Award**

The Evaluation Committee will prepare a Notice of Award which will contain a statement of findings and decision for the award or non-award of the contract to each applicant.



# **Section 5**

## **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Wage Certificate
- D. Proposal Forms

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: HTH 430-2

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	<b>(Required if not Registered)</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
<i><b>Federal Certifications</b></i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
Wage Certificate	1 & 4, RFP	Section 5, RFP	<b>X</b>	
Evidence of Laboratory Licenses, Certificates, or Accreditation			<b>X</b>	
Evidence of Director and Laboratory Personnel Licenses			<b>X</b>	
Proposal Forms			<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
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<b>B.</b>	Experience.....	4
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<b>D.</b>	Coordination of Services.....	6
<b>E.</b>	Facilities.....	6
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<b>A.</b>	Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications .....	9
<b>B.</b>	Project Organization .....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
<b>A.</b>	Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
<b>B.</b>	Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2005	
<b>C.</b>	Organization Chart	
	Program	
	Organization-wide	
<b>D.</b>	Performance and Output Measurement Tables	
	Table A	
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<b>E.</b>	Program Specific Requirement	

## WAGE CERTIFICATE

(For Service Contracts)

Subject: RFP No.: \_\_\_\_\_

Title of RFP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

CLINICAL LABORATORY SERVICES FOR  
DEPARTMENT OF HEALTH  
HAWAII STATE HOSPITAL  
RFP NO. HTH 430-2

William T. Elliott  
RFP Contact Person  
Hawaii State Hospital  
45-710 Kea'ahala Road  
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: \_\_\_\_\_

Respectfully submitted,

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

\_\_\_\_\_  
Exact Legal Name of Applicant

Payment address, if other than  
street address at right:

\_\_\_\_\_  
Authorized Signature (Original)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Hawaii General Excise Tax Lic.  
I.D. No.: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Social Sec. or Federal I.D. No.:

\_\_\_\_\_  
City, State, Zip Code

If applicant shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

\_\_\_\_\_  
Applicant is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Joint Venture

State of incorporation: Hawaii \_\_\_ \*Other \_\_\_\_\_

\*If "other", is corporate seal available in Hawaii? \_\_\_ Yes \_\_\_ No

Applicant shall provide the following information:

1. INSURANCE COVERAGE:

Comprehensive General Liability: \_\_\_\_\_  
(Underwriter)

Professional Liability: \_\_\_\_\_  
(Underwriter)

Automobile Liability: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Medicare Identification Number: \_\_\_\_\_

3. CLIA Identification Number: \_\_\_\_\_

4. Name of Laboratory Director: \_\_\_\_\_

5. Laboratory Director's State of Hawaii License Number: \_\_\_\_\_

6. References:

Applicant shall list a minimum of four (4) names with Points of Contact and phone number(s) of:

1) Two established hospitals

Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

2) Two established clinical institutions

Clinic: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Clinic: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

7. Applicant shall provide proposal unit price per test on the attached listing.

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
170H PROGESTRONE		24	3		
ACTH		24	1		
AFP, TUMOR MARKER		24	10		
ALBUMIN		24	3		
ALDOSTERONE, SERUM		24	2		
ALK PHOS		24	3		
ALPHA 1 ANTITRYPSIN		24	5		
ALT		24	7		
AMMONIA		24	50		
AMP, UR SCREEN		24	1		
AMP, UR CONFM		24	11		
AMYLASE		24	9		
ANTI-NUCLEAR		24	10		
AST(SGOT)		24	7		
BARBITURATES,UR CONF		24	11		
BARBITURATES,UR SCR		24	31		
BENZO, SER CONFM		24	1		
BENZO, Ur CONFM		24	64		
BETA STREP SCREEN		24	21		
BILIRUBIN(DIRECT)		24	9		
BILIRUBIN(TOTAL)		24	3		
BLD CHROMOSOME ANAL		72	1		
BUN		24	101		
C.difficile TOXIN A/B		24	6		
C4		24	1		
CALCIUM		24	71		
CANNABINOID UR SCR		24	1		
CANNABINOIDS Ur CONFM		24	7		
CARBAMEZEPINE/TEGRETOL		24	32		
CBC		24	14		

\* Applicant shall indicate with an "X" mark if the test will not be performed in the State of Hawaii.

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
CBC W/Abs NEUTROPHILS		24	107		
CEA		72	1		
CERULOPLASMIN		72	4		
CHLORIDE		24	1		
CK(CPK)		24	6		
CLOZARIL		72	155		
CO2		24	66		
COMPLETE METABOLIC PROFILE		24	422		
CORTISOL		24	1		
CORTISOL, RANDOM		24	1		
CORTISOL, URINE FREE		24	1		
CREATININE		24	101		
CREATININE CLEARANCE		24	2		
C-REACTIVE PROTEIN		24	1		
CYST(cytology)		48	1		
DHEA		24	2		
DHEA SULFATE		24	2		
DIGOXIN		24	4		
DILANTIN		24	2		
DILANTIN, RANDOM		24	5		
DRUG SCREEN 5-HSH		24	30		
EBV Ab PANEL		24	1		
ELECTROLYTES		24	145		
FECAL FAT, QUANT		24	2		
FERRITIN		24	16		
FLUPHENZINE		48	2		
FOLATE ( serum)		48	8		
FOLATE, RBC		48	3		
FREE T4		24	52		
FSH		24	7		
FUNGUS CULT, OTHER		72	2		

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Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
FUNGUS CULTURE, MISC.		72	1		
GENITAL CULTURE (AERO)		24	1		
GLU TOL OB 3 HR		24	1		
GLU.1 HR. PP. 50g		24	1		
GLUCOSE		24	97		
GRAM SMEAR		24	2		
H AND H		24	1		
H. PYLORI IgG AB		24	1		
HALOPERIDOL		72	1		
HBSag, HBSab, HBCabT		24	157		
HCV GENOTYPING		72	7		
HEAVY METALS-PB, HG, AR		24	1		
HEP A AB IGM		24	1		
HEP A AB, TOTAL		24	27		
HEP B CORE Ab TOTAL		24	10		
HEP B PANEL		24	25		
HEP B SURFACE Ab		24	81		
HEP B SURFACE Ag		24	47		
HEP B VIRUS DNA QUANT PCR		72	1		
HEP C ANTIBODY		24	224		
HEP C RNA RT PCR Quant		72	11		
HEPATIC FUNCTION PANEL		24	254		
HgbA1C		24	86		
HIV 1 RNA,PCR QUANT		72	8		
HIV TYPES 1/2 AB		24	10		
HPV HIGH RISK DNA		72	3		
INFECT MONO TEST		24	1		
INFLUENZA A/B ANTIGENS		24	6		
INSULIN LEVEL		48	1		
IONIZED CALCIUM		48	2		

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Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
IRON PROFILE		24	24		
LACTIC ACID		24	1		
LD(LDH)		24	9		
LH		48	1		
LIPASE		24	5		
LIPID PROFILE		24	444		
LITHIUM		24	122		
LSD, UR QUALITATIVE		24	1		
LYMPH SUBSET PANEL 3		72	11		
METANEPHRINES, UR RANDOM		24	1		
MISCELLANEOUS CULTURE		48	3		
MUMPS AB, IgG		24	1		
OLANZAPINE		48	1		
OPIATES, UR CONFM		24	3		
OVA and PARASITE		24	8		
PHENCYCLIDINE,UR SCR		24	31		
PHOSPHORUS		24	1		
PLATELET		24	1		
POC CHROMOSOME ANAL		72	1		
PORPHOBILINOGEN,UR QUANT		24	1		
POTASSIUM		24	2		
PRE ALBUMIN		24	4		
PROGESTERONE LEVEL		24	1		
PROLACTIN		48	15		
PROTEIN ELP, URINE		48	1		
PROTEIN URINE TIMED		24	3		
PROTIME		24	59		
PSA(PROSTATE SPECIFIC Ag)		48	78		
PSA, PARALLEL		48	6		

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Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
PT/PTT		24	19		
PTT		24	3		
RA FACTOR,QUANT		24	4		
RENAL PROFILE		24	1		
RENIN PLASMA ACTIVITY		48	1		
RISPERIDONE		72	1		
RUBELLA IgG AB		24	2		
SERUM PROTEIN ELP		48	2		
SPUTUM CULTURE		48	28		
STOOL CULTURE		48	12		
T3 UPTAKE		24	1		
T3, TOTAL		24	1		
T3U.T4,FT1		24	2		
TESTOSTERONE, FREE		24	2		
TESTOSTERONE, TOTAL		24	5		
THEOPHYLLINE		24	2		
THROAT CULTURE		24	2		
THYROID BINDING GLOBULIN		24	1		
TOTAL PROTEIN		24	3		
TRANSFERRIN		24	1		
TROPONIN 1		24	1		
TSH RFT4		24	383		
UA		24	5		
Ur MICROALBUMIN		24	42		
URIC ACID		24	7		
URINE CULTURE		48	61		
URINE CYTOLOGY		24	1		
VIT B12		72	8		
VPA		24	353		
WOUND, CULTURE, AERO		72	3		

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Organization: \_\_\_\_\_

RFP No:          HTH 430-2         

Description	Location*: TESTING SITE	Turn around time in hours	Estimated quantity	Unit price	Estimated total price
WRIGHT'S STAIN		24	4		
YEAST CULTURE		72	1		

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